

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S) 09/857926	
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51		
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
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40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL	6	1				TOTAL		
TOTAL	6	2				TOTAL		
TOTAL	6	3				TOTAL		
IND.						IND.		
DEP.						DEP.		
TOTAL						TOTAL		

1-1389 (3-75)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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